



P.O. Box 4439 Sandy, UT 84091-4439  
 8722 South Harrison Street Sandy, UT 84070  
 Main Line 877-585-2849  
 Toll Free FAX Line 877-452-6909  
 24-Hr. Claim Reporting 877-243-8182  
 CDA@primeis.com

## Property Loss Notice Form

### I. Information about the Insured

Name of Insured: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone number and best time to contact: ( ) \_\_\_\_\_

Policy Number: \_\_\_\_\_

Effective Date of Policy: \_\_\_\_\_

Policy Type:  Dwelling  Business Property  Other Structures

Limits:  
 Building \$ \_\_\_\_\_ Contents \$ \_\_\_\_\_ Theft \$ \_\_\_\_\_

SIR: \$ \_\_\_\_\_

Mortgagee: \_\_\_\_\_

### II. Information about the Loss

Date of Loss: \_\_\_\_\_

Time of Day: \_\_\_\_\_

Address of Loss: \_\_\_\_\_

Kind of Loss:

- Fire       Hail       Lighting       Flood       Theft  
 Wind       Other (please explain): \_\_\_\_\_

Description of Loss (Use reverse if necessary):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Description of Buildings Involved (Use reverse if necessary):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Police or Fire Department to which you reported: \_\_\_\_\_

Case or File Number: \_\_\_\_\_



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### III. Additional Enclosures

Please obtain a copy of each of the following and attach it to this form:

1. A copy of any contract or written agreement with the injured party
2. A written narrative statement by your employee(s) of "What happened"
3. Names, addresses, and telephone numbers for all witnesses, including:
  - a. Client
  - b. Employees
  - c. All other witnesses
4. Witness statements

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_